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STRENGTHENING ADOLESCENT TREATMENT SERVICES IN CALIFORNIA

THE CRITICAL NEED FOR ADOLESCENT SERVICES

Despite a shared belief that our children are our future, research on adolescent substance abuse and related issues is warning us that more and more, many of our children are at risk of having no future at all. Substance use is widespread especially among high risk children; children are trying drugs at younger and younger ages; and the drugs available are significantly more potent than in years past. In 2002 the Public Health Institute reported there 20,027 persons between the ages of 12 and 18 California received treatment – less than 10% of those who had a substance abuse problem that warranted treatment. Furthermore the Legislative Analyst's Office in 1999 and the Little Hoover Commission again in 2003 identified an adolescent treatment gap in California that continues to need to be addressed. Bottom line - there is not an adequate network of coordinated services, nor funding for a continuum of services for youth involved with alcohol or other drug use and abuse.

Here in Los Angeles, in its 2006 Annual Scorecard, the Los Angeles Children's Planning Council reported there are 1,269,009 youth ages 10-17 living in Los Angeles – all trends predict continued population growth. During the same period the Los Angeles Juvenile Court reported that over 60,000 of these youth cycled through the world's largest juvenile court and probation system. The link between juvenile crime and substance abuse and the cost effectiveness of treatment is well documented. Sadly, because of a lack of funding, a small percentage of the youth in LA who would benefit from long-term residential treatment have an opportunity to receive such treatment.

Additionally, in 2006, the Senate Select Committee on Methamphetamine Abuse brought to light the impact of the production, distribution and abuse of methamphetamine on public health and the juvenile and criminal justice systems. Methamphetamine, followed by the growing abuse of internet ordered prescription psychotropic medications are now considered the most significant drug threats in the state and the availability and use among adolescents has increased significantly. Among adolescents admitted to Phoenix Academy of Los Angeles, self-reported use of methamphetamines has increased from 22% two years ago to over 60% in the past six months. Funds have not been identified, leveraged, redirected nor prioritized to address the prevention and treatment gaps for adolescents in Los Angeles or statewide.

At the same time as these alarming developments in the patterns of drug use, the educational, behavioral, emotional, and familial problems suffered by substance-involved adolescents are far more severe than those characterizing drug-abusing youth just a few years ago. These trends are not only disheartening, but they are leading to the decimation of our inner cities and other neglected communities. Substance abuse rates among juvenile offenders are as much as ten times higher than the rates among their peers not involved in the justice system, and psychiatric problems occur between six and nine times more often (between 50% and 75% of incarcerated adolescents are estimated to have diagnosable mental health disorders).

Substance abuse interferes with the important physical and psychosocial maturation processes that characterize adolescence. It not only harms young minds and bodies, it leads to poor decision-making with devastating consequences. In addition to violent trauma, substance-abusing adolescents are at significant risk of such serious health consequences as HIV and STDs, tuberculosis, hepatitis, and pregnancy – and in the long term, developmental and neurological damage, cirrhosis, diabetes, high blood pressure, and the various consequences of poor nutrition.

These data are closely reflected in recent studies on Phoenix House's adolescent treatment population in California. Among the youth in our programs, 46% began using drugs before the age of twelve, 57% are one or more years behind in school,¹ and over 50% have experienced the death of someone close to them. In addition, 51% have perpetrated violence, 47% have been the victims of violence, and 32% meet the criteria for a diagnosis of Post Traumatic Stress Disorder. Finally, 25% have been in a psychiatric hospital, 19% have a serious medical problem, and 18% have attempted suicide.

Because these youth often come from the most distressed populations within our communities, it is difficult to differentiate among the many social factors that both contribute to and stem from their substance abuse. It is well known, however, that these factors include poverty, gang involvement, limited English capability, learning disabilities, lack of employment and/or pre-employment skills, homelessness and substandard housing, mental health issues, immigration status, racism and discrimination (including toward sexual orientation), family instability, parental addiction, abuse, neglect, and despair.

Unfortunately, the social services system that was created to protect and aid these youth is not keeping pace with their needs. Not only are services inadequate in terms of capacity, overall the limited services that are available are fragmented. Insufficient and disconnected from one another and other systems of care. Because of the inadequacy of resources, almost all but the most disordered (or economically advantaged) teens go unserved: the majority of youth who receive treatment in Southern California – particularly residential services – are allowed access to those services only through their involvement in the juvenile justice system. That an adolescent and his or her family need to reach that level of dysfunctionality before they can receive assistance – often after having been shuttled among systems and services without receiving appropriate earlier intervention – is nothing short of a travesty. Meanwhile, the costs to California of this reality, in both human and financial terms, are staggering.

Even those adolescents that do receive services, however, are not getting enough of them. At the same time as our youth's needs are becoming more exigent, funders are demanding reduced lengths and intensities of intervention in order to stretch the limited dollars they do have – often in clear contravention of acknowledged best practices for effective treatment. The larger community's lack of understanding of substance abuse – and that treatment does, in fact, work – contributes to this sad state of affairs.

The last time funds were specifically dedicated for the treatment of adolescents was in 1998. At that time, the State of California allocated a new \$20 million to adolescent treatment to the counties (Baca). Importantly, a portion of these funds were used to develop our first-ever state guidelines for adolescent treatment. The guidelines exist however, are not uniformly applied or recommended due to lack of investment in treatment. These dedicated funds have also been significantly reduced over the years. The Juvenile Crime Prevention Act of 2000 (Schiff-Cardenas) further recommended investment of funds in treatment. These funds were primarily sourced to juvenile justice agencies and most of the local initiatives planned and funded with these dollars are bogged down by bureaucracy, operational

difficulties, budgetary crises, and institutional myopia. Tragically, Proposition 36, the most far-reaching substance abuse initiative in our state's history, entirely ignores adolescents. The few new youth treatment initiatives that are being introduced are primarily emanating from the juvenile justice system, which – even with the best intentions – still has a punitive orientation. In short, *there is still no coherent public policy for adolescent substance abuse treatment*, let alone the funding to support it.

PHOENIX HOUSE

Phoenix House reclaims disordered lives, provides innovative leadership to the behavioral health field, and engages families, strengthen communities, and safeguards public health. Phoenix House achieves its mission through the delivery of a range of treatment interventions, embracing new science, pursuing research and adapting promising and best practices in the prevention of substance abuse, and the treatment of addiction and co-occurring disorders. This year Phoenix House celebrates its 40th Anniversary – operating more than 100 programs in nine states – and we proudly provide services for more than 6,000 men, women, and adolescents each day at outpatient and residential centers, in community and correctional settings.

Of the 750 clients Phoenix House now serves in the state in community-based programs each day (in addition to 950 incarcerated clients), over 450 are youth and their families in Southern California. We have created specialized programs such as our residential assessment unit for primarily dually diagnosed youth in Los Angeles County; assessment and treatment management services for the San Diego County Juvenile Delinquency Drug Court; and program development, implementation and ongoing staff training for therapeutic communities operated within juvenile halls in Orange and San Diego counties.

Phoenix House has developed and sustained a network of effective youth treatment services in Southern California's three largest counties, making us the primary adolescent substance abuse provider in each (as well as for many of their neighbors). However, because of the patchwork of inadequate funding – from numerous systems that may espouse collaboration but generally remain unwilling to accommodate the needs and perspectives of their sister systems – these programs are still nowhere near as comprehensive, integrated, and developed as they should be, leaving far too many Southern California youth, families, and communities without adequate assistance to address their increasingly complex needs.

Two decades ago Phoenix House recognized the critical importance of addressing substance abuse problems as early as they can be diagnosed; creating the Phoenix Academy – a Modified Therapeutic Community or special boarding schools for teens in treatment. The Academies carefully interweave education and treatment, with counselors and teachers working side by side to sustain a supportive environment for growth. Students acquire intellectual and vocational skills as they develop the social and *life* skills they need to deal with their emotions, define their goals, and interact successfully with their peers and families. They are therefore not only able to return their focus to their schooling but to accelerate their progress appreciably, making up much of the education they had lost to drugs as they prepare to reintegrate into society.

In the late nineties, Phoenix Academy in collaboration with RAND Corporation participated in a federally funded study comparing outcomes for probation-involved youth in our Lake View Terrace Academy to those sent to five other area group homes as part of the Center for Substance Abuse

Treatment's Adolescent Outcomes Project (results published in 2001). Academy youth were found to fare significantly better on measures of drug problems and property crimes, and to also show improvements in drug use, general criminal behavior, and mental health problems. As a result of this study, the Office of Juvenile Justice and Delinquency Prevention recognizes Phoenix House's Modified Therapeutic Community for Adolescents (the Academy) as a Model Residential Program for youth.

Not all drug-involved teens need residential services – especially those who can be served in the context of their families and communities. Phoenix House has developed various outpatient and nonresidential programs for teenagers with supportive family situations. Whether in outpatient, day-school or after-school settings, these programs maintain full schedules of structured therapeutic activities that involve the teen client as well as his or her parents and siblings. We also recognize that there are many teens that do not have a positive adult role model in their lives and we utilize and recommend a community based, youth development and mentor model of service for these teens. When the opportunity presents we have developed and participated in education and prevention programs to reach children, teens, their families, and those who serve them, in order to help steer youth away from alcohol and drugs in the first place.

STRENGTHENING THE ADOLESCENT CONTINUUM OF CARE: WITHIN PHOENIX HOUSE

While Phoenix House has endeavored to address trends as they emerge, our clients and communities' needs have evolved to such an extent that we must now make a dedicated effort to build our capacity to address the broad range of health, mental health, and social service needs with a complex continuum of care. Youth and their families must be reached early, assessed accurately, enrolled in the appropriate type of service, treated comprehensively (both in terms of scope and length of time), and receive the supportive services they need both during and after formal treatment. Services must also be sufficiently flexible to allow "stepping up" and "stepping down" as client and family needs indicate, and guiding principles must include a client-centered approach – with appropriate treatment provided no matter where the youth and family are and no matter how they came to the attention of the service system.

We are endeavoring to identify and integrate evidence based practices into our continuum of services and develop our workforce to meet the changing needs of our clients and communities. In each of the three counties in which we are currently providing services, Phoenix House has a different configuration of core services. We will develop and enhance our services over the next five years to flesh out the continuum across the region – as well as in each of our primary counties.

STRENGTHENING THE ADOLESCENT CONTINUUM OF CARE: BEYOND PHOENIX HOUSE

Throughout Southern California, children and families in need of substance abuse treatment and related services are being ignored every day. The leadership, structural and funding challenges need to be resolved on a policy level in order to create permanent change. In order to be able to provide a continuum of interventions and services to address adolescent substance abuse, elected officials and policy makers, certainly must agree upon a long term vision and strategies for this agenda, however, a sustainable financial commitment is necessary. As the service system grows, so too does the need for infrastructure and ongoing organizational development. Most critical as the system grows to meet new communal challenges, the state must consider facility, capital and workforce needs of the field. Our workforce must

receive sufficient education and ongoing training to be able to adequately address the complex needs of our youth, families, and partners. These endeavors suggest the need for farsightedness, but also collaboration between systems serving youth and a public-private partnership. Significant clinical areas for capacity building include implementation of evidenced-based practices, systems/technology enhancement and the creation of tools, protocols, and monitoring mechanisms that are responsive to the needs of all our clients, partners, and stakeholders.

The first step in this process is making a strong case for dedicating and leveraging public funding to the rescue of our drug-involved youth and families. Though the cost-effectiveness of substance abuse treatment for adults has been repeatedly studied (commonly showing at least a seven dollar cost savings for every treatment dollar spent), such research has remarkably never been conducted on treatment for adolescents. One can posit that catching the problem earlier would yield larger taxpayer savings, but whether this is the case – and if so, by how much – has not been tested. Part of this strategic initiative, therefore, will take advantage of our partnerships with the top research institutions in the nation to conduct a comprehensive cost-benefit analysis for adolescent substance abuse treatment (particularly when applied as part of a holistic continuum of care).

In developing the comprehensive system of care for substance abusing youth and their families, Phoenix House makes the following recommendations:

Principles of Treatment

- Treatment of adolescent substance abuse must include treatment for the family, as substance abuse is a family disease. The research is clear that the family must be included in the treatment process.
- Treatment cannot be effective without being part of a full continuum of care, including prevention, early intervention, recovery and relapse prevention.
- The treatment system must be able to cross traditional boundaries between other service systems.
- Treatment services must be integrated with schools and communities.
- Treatment must be evidence-based and data-driven.
- Treatment must be culturally competent.

Youth System of Care

- The continuum of services should include brief therapy and early interventions, outpatient counseling, residential treatment, detoxification, re-entry planning and relapse prevention and recovery management services.
- Prevention is an essential component of a full youth and family continuum of care. Both individual and community prevention are effective both as a way to prevent more severe substance

abuse involvement as well as creating the conditions that can support and maintain abstinence and sobriety once treatment is completed.

- Early identification and early intervention of emerging problem behaviors is an essential element of a full continuum. The research shows clearly that substance abuse is one of a constellation of problem behaviors including delinquency, truancy and dropout, high-risk sexual activity, violence and others. The presence of any one is highly predictive of the others; any of these behaviors is an indication that some response or intervention is required, and a system that encourages and promotes the early identification of these problems and early intervention is the most effective way both to prevent a worsening of the problem and to identify those needing more extensive treatment. This early intervention service needs to be available in any environment where youth are found, most specifically in school and the community settings.
- Adolescent treatment standards that reflect the research-based best practices in the field should articulated in regulations and implemented consistently statewide for public and private
- Standards should required a comprehensive assessment administered by a trained professional using a validated assessment instrument that must explore, in addition to the substance abuse condition, the multiple domains in an adolescent's life that may be related to the substance abuse problem.
- Case management is a key element of a full continuum. By itself treatment is often not enough. There is a need to link the youth and family with other resources and provide regular follow-up and support.
- An individual integrated treatment plan should be the norm for each adolescent client covering the substance abuse problem as well as related issues of co-morbidity.
- Family involvement in the treatment process must be clearly spelled out and supported and options for mentors or positive adult role model identified and supported.

While Phoenix House is naturally concerned with the viability and clinical integrity of our own programs, we recognize that we cannot be parochial in our efforts. If our strategic initiative begins and ends with Phoenix House, no matter how many families and communities we touch far too many will still be left behind. We believe it is our duty to use our expertise and experience to help inform the California community and build the capacity of the adolescent service system as a whole. With each passing day, youth and families – particularly in our distressed communities – are going without necessary substance abuse treatment. We must act quickly and broadly to increase their access to quality services – not only within Phoenix House, but by changing the very landscape of adolescent treatment in California.

¹ Morral, AR, Jaycox, LH, Smith, WH, Becker, K, Ebener, P (2001). *Adolescent Outcomes Project: An Evaluation of Substance Abuse Treatment Services for Juvenile Probationers at Phoenix Academy of Lake View Terrace*. RAND, Working Paper #010430.